

EXHIBIT A

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3930514

CERTIFICATE OF DEATH

2016022831

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) George Wayne WATTS		2. DATE OF DEATH (Mo/Day/Year) December 15, 2016	3a. COUNTY OF DEATH Clark		
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and city) 9413 White Ridge Avenue			
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 79		
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify) Home		
8. DATE OF BIRTH (Mo/Day/Yr) [REDACTED]		4. SEX Male			
9a. STATE OF BIRTH (If not US/CA, name country) Arkansas		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12		
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Nancy Louise WATTS			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Fire Captain			
14b. KIND OF BUSINESS OR INDUSTRY Fire & Rescue		15d. STREET AND NUMBER 9413 White Ridge Avenue			
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark	15c. CITY, TOWN OR LOCATION Las Vegas		
16. FATHER/PARENT - NAME (First Middle Last Suffix) Byron WATTS		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gertrude HENLEY			
18a. INFORMANT- NAME (Type or Print) Nancy Louise WATTS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 9413 White Ridge Avenue Las Vegas, Nevada 89149			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory			
19c. LOCATION City or Town State Las Vegas Nevada 89101		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAYE D MACPHERSON			
20b. FUNERAL DIRECTOR LICENSE NUMBER FD202		20c. NAME AND ADDRESS OF FACILITY Neptune Society			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CRAIG M JORGENSEN M.D.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CRAIG M JORGENSEN M.D.			
21b. DATE SIGNED (Mo/Day/Yr) December 17, 2016		21c. HOUR OF DEATH 07:17			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [REDACTED]		22b. DATE SIGNED (Mo/Day/Yr)			
22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)			
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Craig M Jorgenson M.D. 6330 S Jones Blvd Las Vegas, NV 89118			
23b. LICENSE NUMBER 9529		24a. REGISTRAR (Signature) NANCY BARRY			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 19, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. AUTOPSY (Specify Yes or No) No			
PART I (a) Dementia DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
(b) DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]		Interval between onset and death Months			
(c) DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED		
28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	28g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE

LOCAL REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a

DATE ISSUED:

DEC 20 2016

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

Registrar of Vital Statistics

By: *[Signature]*

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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